

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

PROCEDURES FOR THE SECURITY AND SAFE HANDLING OF FP10  
PRESCRIPTION FORMS

1. INTRODUCTION

- 1.1 FP10 prescription forms are valuable documents, which if lost or stolen may be fraudulently used to obtain medicines from community pharmacies. In this sense, they resemble 'blank cheques', and should be treated as such.
- 1.2 The security of these prescription forms is the responsibility of the organisation and the individual prescribers who use them. These guidelines are based on guidance in the 'Management and control of prescription forms' issued by the NHS Counter Fraud Authority March 2018 v1.0.
- 1.3 The ordering, receipt and distribution of FP10s, including Robin Pinto, is managed by the in-house pharmacy service, overseen by the Deputy Chief Pharmacist. FP10s are supplied to prescribers in line with pharmacy standard operating procedure PHARM-E09 *Ordering and Issuing Controlled Stationery*.
- 1.4 **Note: All the records for receipts and issues of prescriptions referred to in this document must be retained for at least 3 years**

2. RESPONSIBILITIES

2.1 **Chief Pharmacist:** The Chief Pharmacist is responsible for:

- Authorising new FP10 cost centres and liaison with the Business Services Authority
- Monitoring FP10 prescribing data and investigating unusual expenditure and/or usage patterns
- Auditing compliance with the record-keeping requirements set out within this document
- Advising administrators and prescribers on all matters related to record-keeping and the use of FP10 prescription forms
- The initial Trust response to incidents involving missing, lost or stolen prescriptions, and involvement in subsequent investigations

2.2 **FP10 Co-ordinators:** named individuals are responsible for:

- Purchasing FP10 prescription pads on behalf of the organisation
- Storing them securely until they are required
- Issuing prescription pads to Trust sites in response to written orders from administrators

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- Arranging secure transport for the delivery of prescription pads to Trust sites

**FP10 Co-ordinators for MH/LD Teams**

Deputy Chief Pharmacist or Pharmacy Administrative  
Assistant  
Pharmacy Department  
Chelford Court  
Unit E 37 Robjohns Rd  
Chelmsford  
CM1 3AG  
Tel: 01245 315505  
Email: [epunft.pharmacyorders@nhs.net](mailto:epunft.pharmacyorders@nhs.net)

- 2.3 **Local Security Management Specialist (LSMS):** The responsibilities of the LSMS include co-ordination of the physical aspects of security management. This includes the security of prescription forms whilst in storage at Trust sites, the safe and secure transport of prescriptions between sites, and the investigation of incidents involving missing, lost or stolen prescriptions.
- 2.4 **Prescribers:** FP10 prescription pads are issued to individual prescribers who are responsible for all aspects of security and record-keeping, as detailed in this procedure.
- 2.5 The **SEECHS Lead Pharmacist, WECHS Lead Pharmacist, Dispensary Manager** and the **Pharmacy Administrative Assistant** (via the Pharmacy IT System) are the only people within the Trust who are authorised to purchase FP10 prescriptions from the contracted secure printer for the NHSBSA. When supplies of FP10 prescriptions are required, they should raise orders for forms to be printed on behalf of approved cost centres; ordering a sufficient quantity to maintain a buffer stock and to meet the anticipated demand from each cost centre.

### 3. ORDERING OF PRESCRIPTIONS FORMS

- 3.1 Consultants are responsible for ordering their own prescription pads from the pharmacy department.
- 3.2 FP10 pads can only be ordered by a person authorised by a substantive consultant, for the code in question. This is done by completing the order and receipt form (**Annex 1**), which then must be emailed to Pharmacy at [epunft.pharmacyorders@nhs.net](mailto:epunft.pharmacyorders@nhs.net).
- 3.3 The person ordering must be an approved signatory, and must have completed the 'Specimen Signatures' form (**Annex 2**). The secretary or administrator is usually the person responsible for ordering FP10s on behalf of the consultant. This form must be kept up to date and emailed to Pharmacy at [epunft.pharmacyorders@nhs.net](mailto:epunft.pharmacyorders@nhs.net). If the person ordering is not an approved signatory, then FP10s will not be issued.

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- 3.4 Locums must ask their Clinical Director to counter-sign the 'Specimen Signatures' form, before an order is placed.
- 3.5 It is advisable to hold minimal stocks of prescription pads in order to reduce the number lost in the event of theft. A maximum stock of no more than six weeks average use is recommended, and new pads should be ordered approximately 14 days before the current stock runs out.
- 3.6 Prescription pads will be issued to Consultants, ST5 and ST6 trainees, SAS doctors and independent Non-Medical Prescribers on request. All other doctors and supplementary Non-Medical Prescribers will need to present or email a letter of authority from their Consultant; signed and dated on Trust headed paper. Secretaries wishing to collect prescription pads from Pharmacy on behalf of a doctor must also present a letter of authority for every request.
- 3.7 Doctors based at Robin Pinto should contact Pharmacy well in advance of requiring a new pad, in order that arrangements can be made for it to be supplied to the unit.

### 4. TRANSPORT OF PRESCRIPTION FORMS

- 4.1 Within Essex prescription pads will be transported (with a photocopy of the completed order and receipt form (**Annex 1**)) in a sealed tamper evident bag, via internal Trust post.

### 5. TRANSPORT OF PRESCRIPTION FORMS FOR ROBIN PINTO

- 5.1 Prescription pads will be transported (with a photocopy of the completed order and receipt form (**Annex 1**)) in a sealed tamper evident bag, via recorded postal delivery.
- 5.2 The FP10 prescription forms – deliver/receipt form (**Annex 3**), must accompany the package in transit. This form is signed by the person preparing the package, and then to confirm receipt, by the named recipient (approved member of the team) when it is delivered.

### 6. RECEIPT OF PRESCRIPTION FORMS AT PHARMACY

- 6.1 Prescription orders will be delivered to pharmacy at Chelford Court by secure courier. On delivery, the approved member of pharmacy staff should check the number of sealed packages against the driver's delivery note, and confirm that they are all intact. Any discrepancies or insecure packages should be noted on the driver's delivery note.
- 6.2 Provided the delivery appears to be in order, the approved member of the pharmacy team should open the packages and check that the contents (numbers of pads and serial numbers) correspond with the details on the delivery note. If so, they should record the details of the prescriptions received.

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- 6.2.1 For **Green FP10HNC pads**, the first and last serial number of each pad of 50 forms should be recorded against the appropriate cost centre.
- 6.2.2 **Blue FP10MDA** prescriptions are not pre-printed with cost centre details and must be recorded separately, using the serial numbers of the first and last forms in each box.
- 6.3 The delivery note must be retained for future reference.
- 6.4 After logging the serial number details, all the prescriptions must be transferred to secure storage with access limited to those who are responsible for the distribution of prescription forms. This may be a lockable cupboard or filing cabinet, provided that it cannot readily be removed, within a room which must be kept locked outside normal working hours or when unattended. Keys must also be kept securely with access limited to those who are responsible for prescription forms.
- 6.5 If a discrepancy was noted at the time of delivery, or if a package appears to have been tampered with in transit, or if pads/forms are found to be missing when a package is opened, the FP10 Co-ordinator should immediately contact the supplier. A written record of the contact with the supplier, and any subsequent actions or investigations, must be retained by the FP10 Co-ordinator. The Chief Pharmacist and the Local Security Management Specialist should also be notified immediately whenever it has been necessary to contact the supplier about a problem with a delivery of prescriptions.

<b>7. RECEIPT OF PRESCRIPTION FORMS FOR MH/ LD TEAMS</b>
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- 7.1 Provided the delivery appears to be in order, the recipient should open the package(s) and check that the contents (numbers of pads and serial numbers) correspond with the details on the included order and receipt form (**Annex 1**). If correct, they should record the details of the prescriptions received on the receipt section of the order and receipt form (**Annex 1**). Any discrepancies or insecure packages should be noted on the order and receipt form.
- 7.2 The completed order and receipt form (**Annex 1**) must be emailed by the recipient to Pharmacy at [epunft.pharmacyorders@nhs.net](mailto:epunft.pharmacyorders@nhs.net). A copy must also be retained by the team for future reference.
- 7.3 For Robert Pinto, the completed FP10 prescription forms - delivery/receipt form (**Annex 3**), must be emailed to Pharmacy at [epunft.pharmacyorders@nhs.net](mailto:epunft.pharmacyorders@nhs.net), in conjunction with the completed order and receipt form. A copy must also be retained by the team for future reference.
- 7.4 If emailed confirmation of delivery is not received by Pharmacy, within one week of issue, then the location of the package will be investigated immediately, by contacting the named recipient, and if necessary the person transporting it.

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- 7.5 After logging the serial number details, all the prescriptions must be transferred to secure storage with access limited to those who are responsible for the distribution of prescription forms. This may be a lockable cupboard or filing cabinet, provided that it cannot readily be removed, within a room which must be kept locked outside normal working hours or when unattended. Keys must also be kept securely with access limited to those who are responsible for prescription forms.
- 7.6 If a discrepancy was noted at the time of delivery, or if a package appears to have been tampered with in transit, or if pads/forms are found to be missing when a package is opened: the co-ordinator should immediately contact the supplier. A written record of the contact with the supplier, and any subsequent actions or investigations, must be retained by the FP10 co-ordinator. The Chief Pharmacist and the Local Security Management Specialist should also be notified immediately whenever it has been necessary to contact the supplier about a problem with a delivery of prescriptions.

### 8. STORAGE OF PRESCRIPTION FORMS

- 8.1. FP10 forms that are not in use should be stored in a locked cupboard (e.g. stationery cupboard, filing cabinet, wall safe) at all times.
- 8.2. Prescribers are responsible for the safe storage of the prescription forms which have been issued to them.
- 8.3. The Community Drug and Alcohol Services, who use larger quantities of FP10 prescriptions, should ensure that the serial numbers of all prescriptions are recorded on receipt from Pharmacy (
- 8.4. **Annex 4**). The received prescriptions will be split into smaller quantities, 'packs' of no more than 50 prescriptions, and are recorded on this form.
- 8.5. Prescribers should only carry the quantity of prescriptions they need. FP10HNC pads can be split into single forms if necessary. They should be returned to safe storage after each outpatient session whenever possible.

### 9. PRESCRIPTION RECORD SHEETS

- 9.1 The Trust requires that every FP10 prescription issued be traceable to the patient it was issued to, and to the prescriber who wrote the prescription.
- 9.2 **In order to achieve this, an 'Individual Prescription Record' sheet must be prepared before it is used for the first time (Annex 5)**
- 9.3 The following details should be entered on the record sheet:
- The R1L code that is printed on the forms
  - The serial numbers of the first and last forms in the pad
  - The Pad number

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- The serial numbers of each form in the pad – these should be entered in the left hand column<sup>\*</sup>
- 9.4 Once the Individual Record Sheet has been prepared, it should be attached to the pad and should remain with it until all the forms have been issued. It is the responsibility of the prescriber to enter the patient and medication details on the record sheet each time a form is issued.
- 9.5 The completed record sheet must be returned to pharmacy when a new pad is requested.
- Note: These requirements do not apply to 'batch-printed' prescriptions within substance misuse services*
- 9.6 The Managers of Community Drug and Alcohol Teams are responsible for keeping a running record of the number of FP10 forms on the premises which must be checked at least weekly. This should also record the receipt of new forms from the Pharmacy (FP10HNC or FP10 MDA-SS).

### 10. RECORDING INDIVIDUAL PRESCRIPTION ISSUES

- 10.1 All FP10 prescriptions carry a unique 11-digit serial number printed in the bottom left-hand corner. The forms in a pad are numbered sequentially, but for security reasons, the final digit does not form part of the sequence. When recording serial numbers, the last digit should be put in brackets, as this makes it easier to follow the sequence, e.g. 4107157126(4), 4107157127(3), etc.
- 10.2 Whenever a prescription form is issued, the name/ initials of the patient and the medication(s) prescribed must be entered against the appropriate serial number on the Individual Prescription Record sheet (**Annex 5**). This provides the final step in the prescription audit trail, and when all the forms in a pad have been issued, the record sheet must be returned to the pharmacy for future reference/audit purposes.
- 10.3 The prescriber should ensure that “form not issued” is written against the appropriate serial number on the record sheet. The FP10 form should be crossed through and retained with the pad. Such forms should be returned to the pharmacy for destruction along with the Individual Prescription Record Sheet when a new pad is collected. In pharmacy two members of staff will destroy the spoiled form by shredding, then both sign and date the record sheet to confirm disposal of the form (**Annex 6**).

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\* Each pad contains 50 forms, and the template contains 50 lines. If the last digit of each serial number is placed in brackets, it will be seen that the remaining 10 numbers run in numerical sequence.

## 11. PRESCRIPTION SECURITY - GOOD PRACTICE

- 11.1. Blank prescription forms must **NEVER** be pre-signed.
- 11.2. In clinics, pads should be kept in a lockable drawer and only produced when required – they should not be left on desks or in unattended rooms. It is not uncommon for a few forms to be stolen from within a pad when the prescriber is not looking; this is likely to go undetected for some time, whereas the theft of a whole pad would usually be noticed immediately.
- 11.3. Prescribers who need to carry a prescription pad off Trust premises are personally responsible for its safe keeping. Pads should be kept on the person and not be left in unattended bags, cars, etc. Only a minimum number of FP10 forms should be taken on home visits to minimise the potential for loss.
- 11.4. Where a pad has been issued for use by multiple prescribers, it is vital that a record of all prescribers who have used the pad is maintained. **Annex 7** should be completed each time the pad is issued to and returned from a prescriber. The nurse in charge of the shift should sign the form.

## 12. CLOSURE OF UNITS / RE-ORGANISATION OF TEAMS

- 12.1 If internal re-organisation results in a prescriber no longer requiring FP10 prescriptions, the FP10 co-ordinator must be contacted to make arrangement for the return of any unused prescriptions, together with receipts/issues records and Individual Prescription Record sheets. FP10 pads must not be sent through the internal mail or by courier unless prior arrangement has been made with the recipient to expect delivery at a specified time.
- 12.2 The FP10 co-ordinator will retain the records and arrange for the disposal of any unwanted forms in the presence of a witness. A record shall be kept of the serial numbers of destroyed FP10s.
- 12.3 If the authorised person for ordering (usually the secretary/ administrator) leaves their current post, they must ensure that the consultant has assigned a new person, and that responsibility is handed over to that person before they leave and that a new 'Sample Signatures for Ordering' form is completed showing the Consultant's authorisation for the new person to order on their behalf. This must be emailed to Pharmacy (Annex 2). Any changes in address, phone number, consultant etc. **MUST** be notified promptly to Pharmacy.
- 12.4 If the function of the consultant post changes, or the service is reconfigured so the code is no longer in use, Pharmacy must be contacted and all prescriptions must be returned by secure means to Pharmacy.
- 12.5 Forms and paperwork must be kept at the base or with the prescriber. All paperwork should be kept for a minimum of 2 years even if a consultant changes jobs. If the base closes, the pharmacy must be contacted and all records will be retained in pharmacy for 2 years after they are received.































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<b>Registered GP:</b>		
<b>Details of Concern:</b>		
<b>Details of medicine:</b> (include quantity if known)		
<b>Patient description (if applicable):</b>		
<b>Has this incident been reported to the police?</b>	<b>YES</b>	<b>NO</b>
<b>Name and police station of investigating police officer:</b>		
<b>Crime Reference Number:</b>		
<b>Has an alert and warning been issued to all Pharmacies and GP surgeries within the area?</b>	<b>YES</b>	<b>NO</b>
<b>Please give details of any ink change or security measures and effective dates of these measures:</b>		
<b>Name of person completing this form:</b>		
<b>Position:</b>		
<b>Signed:</b>		
<b>Dated:</b>		

**Return this completed form by email to the FP10 Co-ordinator and/or LSMS**